

1939 AUG 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25337
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 15-6
 (b) Township Grand River Primary Registration District No. 5219
 (c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 83 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 42-

2. PRINT FULL NAME

635 Josephine Prettyman
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 9 Mos. H. Prettyman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home-maker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo.

FATHER 13. NAME Benjamin Cummings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Jane Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. P. Prettyman
Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Mo DATE 8/2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNERSBURGS
HARRISONVILLE MO.

20. FILED fr 1939 Bevensley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1939

22. I HEREBY CERTIFY, that I attended deceased from July 21 1939, to July 31 1939
 last saw him alive on July 27 1939. Death is said to have occurred on the date stated above, at 12:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Nephritis
Myocardial Degeneration

Other contributory causes of importance: 131

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. P. Prettyman M. D.
 (Address) Harrisonville Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ernest Remminger

Licensed Embalmer, No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.